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1                   A bill to be entitled

2       An act relating to emergency management; amending s.  
3       252.355, F.S.; specifying additional agencies that are  
4       required to provide registration information to special  
5       needs clients and persons with disabilities or special  
6       needs who receive services from such agencies for purposes  
7       of inclusion within the registry of persons with special  
8       needs maintained by local emergency management agencies;  
9       providing that the Department of Community Affairs shall  
10      be the designated lead agency responsible for community  
11      education and outreach to the general public, including  
12      special needs clients, regarding registration as a person  
13      with special needs, special needs shelters, and general  
14      information regarding shelter stays; requiring the  
15      department to disseminate educational and outreach  
16      information through local emergency management offices;  
17      requiring the department to coordinate community education  
18      and outreach related to special needs shelters with  
19      specified agencies and entities; providing that specified  
20      confidential and exempt information relating to  
21      registration of persons with special needs be provided to  
22      the Department of Health; creating s. 252.3568, F.S.;  
23      providing for evacuation for persons with pets; amending  
24      s. 381.0303, F.S.; providing for the operation,  
25      maintenance, and closure of special needs shelters;  
26      removing a condition of specified funding as a  
27      prerequisite to the assumption of lead responsibility by  
28      the Department of Health for specified coordination with

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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29        respect to the development of a plan for the staffing and  
30        medical management of special needs shelters; providing  
31        that the local Children's Medical Services offices shall  
32        assume lead responsibility for specified coordination with  
33        respect to the development of a plan for the staffing and  
34        medical management of pediatric special needs shelters;  
35        requiring such plans to conform to the local comprehensive  
36        emergency management plan; requiring county governments to  
37        assist in the process of coordinating the recruitment of  
38        health care practitioners to staff local special needs  
39        shelters; providing that the appropriate county health  
40        department, Children's Medical Services office, and local  
41        emergency management agency shall jointly determine the  
42        responsibility for medical supervision in a special needs  
43        shelter; providing that state employees with a  
44        preestablished role in disaster response may be called  
45        upon to serve in times of disaster in specified  
46        capacities; requiring the Secretary of Elderly Affairs to  
47        convene a multiagency emergency special needs shelter  
48        response team or teams to assist local areas that are  
49        severely impacted by a natural or manmade disaster that  
50        required the use of special needs shelters; providing  
51        duties and responsibilities of multiagency response teams;  
52        authorizing local emergency management agencies to request  
53        the assistance of a multiagency response team; providing  
54        for the inclusion of specified state agency  
55        representatives on each multiagency response team;  
56        authorizing hospitals and nursing homes that are used to

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57       shelter special needs persons during or after an  
58       evacuation to submit invoices for reimbursement to the  
59       Department of Health; requiring the department to specify  
60       by rule expenses that are reimbursable and the rate of  
61       reimbursement for services; prescribing means of and  
62       procedures for reimbursement; providing eligibility for  
63       reimbursement of health care facilities to whom special  
64       needs shelter clients have been discharged by a  
65       multiagency response team upon closure of a special needs  
66       shelter; providing requirements with respect to such  
67       reimbursement; prescribing means of and procedures for  
68       reimbursement; disallowing specified reimbursements;  
69       revising the role of the special needs shelter interagency  
70       committee with respect to the planning and operation of  
71       special needs shelters; providing required functions of  
72       the committee; providing that the committee shall  
73       recommend guidelines to establish a statewide database to  
74       collect and disseminate special needs registration  
75       information; revising the composition of the special needs  
76       shelter interagency committee; requiring the inclusion of  
77       specified rules with respect to special needs shelters and  
78       specified minimum standards therefore; providing  
79       requirements with respect to emergency management plans  
80       submitted by a home health agency, nurse registry, or  
81       hospice to a county health department for review; removing  
82       a condition of specified funding as a prerequisite to the  
83       submission of such plans; amending s. 252.385, F.S.;  
84       requiring the Division of Emergency Management of the

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85        Department of Community Affairs to prepare and submit a  
86        statewide emergency shelter plan to the Governor and the  
87        Cabinet for approval; providing plan requirements;  
88        requiring the Department of Health to assist the division  
89        in determining the estimated need for special needs  
90        shelter space; requiring inspection of public hurricane  
91        evacuation shelter facilities by local emergency  
92        management agencies prior to activation of such  
93        facilities; amending s. 400.492, F.S.; providing that  
94        nurse registries, hospices, and durable medical equipment  
95        providers shall prepare and maintain a comprehensive  
96        emergency management plan; providing that home health,  
97        hospice, and durable medical equipment provider agencies  
98        shall not be required to continue to provide care to  
99        patients in emergency situations that are beyond their  
100       control and that make it impossible to provide services;  
101       authorizing home health agencies, nurse registries,  
102       hospices, and durable medical equipment providers to  
103       establish links to local emergency operations centers to  
104       determine a mechanism to approach areas within a disaster  
105       area in order for the agency to reach its clients;  
106       providing that the presentation of home care or hospice  
107       clients to the special needs shelter without the home  
108       health agency or hospice making a good faith effort to  
109       provide services in the shelter setting constitutes  
110       abandonment of the client; requiring regulatory review in  
111       such cases; amending s. 408.831, F.S.; providing that  
112       entities regulated or licensed by the Agency for Health

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Care Administration may exceed their licensed capacity to act as a receiving facility under specified circumstances; providing requirements while such entities are in an overcapacity status; providing for issuance of an inactive license to such licensees under specified conditions; providing requirements and procedures with respect to the issuance and reactivation of an inactive license; providing fees; creating s. 252.357, F.S., requiring the Florida Comprehensive Emergency Management Plan to permit the Agency for Health Care Administration to initially contact nursing homes in disaster areas for specified monitoring purposes; requiring the agency to publish an emergency telephone number for use by nursing homes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 252.355, Florida Statutes, is amended to read:

252.355 Registry of persons with special needs; notice.--

(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, each local emergency management agency in the state shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs.

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141 To assist the local emergency management agency in identifying  
142 such persons, home health agencies, hospices, nurse registries,  
143 home medical equipment providers, the Department of Children and  
144 Family Services, Department of Health, Agency for Health Care  
145 Administration, Department of Education, Agency for Persons with  
146 Disabilities, Department of Labor and Employment Security, and  
147 Department of Elderly Affairs shall provide registration  
148 information to all of their special needs clients and to all  
149 people with disabilities or special needs who receive services  
150 incoming clients as a part of the intake process. The registry  
151 shall be maintained year-round. The registration program shall  
152 give persons with special needs the option of preauthorizing  
153 emergency response personnel to enter their homes during search  
154 and rescue operations if necessary to assure their safety and  
155 welfare following disasters.

156       (2) The Department of Community Affairs shall be the  
157 designated lead agency responsible for community education and  
158 outreach to the general public, including special needs clients,  
159 regarding registration and special needs shelters and general  
160 information regarding shelter stays. The Department of Community  
161 Affairs shall disseminate such educational and outreach  
162 information through the local emergency management offices. The  
163 department shall coordinate the development of curriculum and  
164 dissemination of all community education and outreach related to  
165 special needs shelters with the Clearinghouse on Disability  
166 Information of the Governor's Working Group on the Americans  
167 with Disabilities Act, the Department of Children and Family  
168 Services, the Department of Health, the Agency for Health Care

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Administration, the Department of Education, the Agency for Persons with Disabilities, and the Department of Elderly Affairs. The special needs shelter is considered a public facility when it is activated for a disaster. Under the Americans with Disabilities Act (ADA), Public Law 101.336, businesses and organizations that serve the public must allow people with disabilities to bring their service animals into all areas of the facility where customers are normally allowed to go.

~~(3)-(2)~~ On or before January 1 ~~May 1~~ of each year each electric utility in the state shall semi-annually notify residential customers in its service area of the availability of the registration program available through their local emergency management agency.

~~(4)-(3)~~ All records, data, information, correspondence, and communications relating to the registration of persons with special needs as provided in subsection (1) are confidential and exempt from the provisions of s. 119.07(1), except that such information shall be available to other emergency response agencies, as determined by the local emergency management director, and to the Department of Health in the furtherance of their duties and responsibilities.

~~(5)-(4)~~ All appropriate agencies and community-based service providers, including home health care providers hospices, nurse registries, and home medical equipment providers, shall assist emergency management agencies by collecting registration information for persons with special needs as part of program intake processes, establishing programs

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to increase the awareness of the registration process, and educating clients about the procedures that may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical, mental, cognitive impairment, or sensory disabilities who need assistance in evacuating, or when in shelters, must register as persons with special needs.

Section 2. Section 252.3568, Florida Statutes, is created to read:

252.3568 Emergency sheltering of persons with pets.—

(1) GENERAL PROVISIONS.—In accordance with the provisions of s. 252.35, the division shall address evacuation of persons with pets with the shelter component of the state comprehensive emergency management plan. The Department of Agriculture and Consumer Services shall assist the division in determining strategies regarding this activity.

Section 3. Section 381.0303, Florida Statutes, is amended to read:

381.0303 ~~Health practitioner recruitment for~~ Special needs shelters.--

(1) PURPOSE.--The purpose of this section is to provide for the operation, maintenance, and closure of special needs shelters and to designate the Department of Health, through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners, as defined in s. 456.001(4), to staff special needs shelters in times of emergency or disaster and to provide resources to the department to carry out this responsibility. However, nothing in this



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225 section prohibits a county health department from entering into  
226 an agreement with a local emergency management agency to assume  
227 the lead responsibility for recruiting health care  
228 practitioners.

229 (2) SPECIAL NEEDS SHELTER PLAN; STAFFING; CLOSURE; STATE  
230 AGENCY ASSISTANCE ~~AND STAFFING.~~—Provided funds have been  
231 appropriated to support ~~medical services~~ disaster coordinator  
232 positions in county health departments,

233 (a) The department shall assume lead responsibility for  
234 the ~~local~~ coordination of local medical and health care  
235 providers, the American Red Cross, and other interested parties  
236 in developing a plan for the staffing and medical management of  
237 special needs shelters. The local Children's Medical Services  
238 offices shall assume lead responsibility for the local  
239 coordination of local medical and health care providers, the  
240 American Red Cross, and other interested parties in developing a  
241 plan for the staffing and medical management of pediatric  
242 special needs shelters. Plans shall conform to ~~The plan shall be~~  
243 ~~in conformance with~~ the local comprehensive emergency management  
244 plan.

245 (b) ~~(a)~~ County health departments shall, in conjunction  
246 with the local emergency management agencies, have the lead  
247 responsibility for coordination of the recruitment of health  
248 care practitioners to staff local special needs shelters. County  
249 health departments shall assign their employees to work in  
250 special needs shelters when those employees are needed to  
251 protect the health and safety of special needs persons ~~of~~  
252 ~~patients.~~ County governments shall assist the Department of

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253 Health with non-medical staffing and operating of special needs  
254 shelters. The local health department and emergency management  
255 agency shall coordinate these efforts to ensure appropriate  
256 staffing in special needs shelters.

257 (c)-(b) The appropriate county health department,  
258 Children's Medical Services office, and local emergency  
259 management agency shall jointly decide ~~determine~~ who has  
260 responsibility for medical supervision in each a special needs  
261 shelter and shall notify the Department of Community Affairs  
262 Division of Emergency Management and the Department of Health of  
263 their decision.

264 (d)-(e) Local emergency management agencies shall be  
265 responsible for the designation, operation and infrastructure of  
266 special needs shelters during times of emergency or disaster and  
267 the closure of the facilities following an emergency or  
268 disaster. The emergency management agency and the local health  
269 department shall coordinate these efforts to ensure appropriate  
270 designation, operation and infrastructure in special needs  
271 shelters. County health departments shall assist the local  
272 emergency management agency with regard to the management of  
273 medical services in special needs shelters. However, nothing in  
274 this section prohibits a county health department from entering  
275 into an alternative agreement with a local emergency management  
276 agency to assume the lead responsibility for special needs  
277 shelter supplies and equipment.

278 (e) State employees with a preestablished role provided by  
279 the employee's respective agency in disaster response unless  
280 they have other mandated response activities that preclude

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281 participation, are subject to serve in times of disaster  
282 commensurate with their knowledge, skills, and abilities and any  
283 needed activities related to the situation.

284 (f) The Secretary of Elderly Affairs, or his or her  
285 designee, shall convene, at any time that he or she deems  
286 appropriate and necessary, a multiagency special needs shelter  
287 discharge planning team or teams to assist local areas that are  
288 severely impacted by a natural or manmade disaster that requires  
289 the use of special needs shelters. Multiagency special needs  
290 shelter discharge planning teams shall provide assistance to  
291 local emergency management agencies with the continued  
292 operation or closure of the shelters, and with the discharge of  
293 special needs clients to alternate facilities if necessary.  
294 Local emergency management agencies may request the assistance  
295 of a multiagency special needs shelter discharge planning team  
296 by alerting statewide emergency management officials of the  
297 necessity for additional assistance in their area. The Secretary  
298 of Elder Affairs shall work with other state agencies prior to  
299 any natural disasters for which warnings are provided to ensure  
300 that multiagency special needs shelter discharge planning teams  
301 are ready to assemble and deploy rapidly upon a determination by  
302 state emergency management officials that a disaster area  
303 requires assistance. The Secretary of Elder Affairs may call  
304 upon any state agency or office to provide staff to assist a  
305 multiagency special needs shelter discharge planning team or  
306 teams. Unless the secretary determines that the nature or  
307 circumstances surrounding the disaster do not warrant  
308 participation from a particular agency's staff, each multiagency

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309 special needs shelter discharge planning team shall include at  
310 least one representative from each of the following state  
311 agencies:

- 312 1. Department of Elderly Affairs.
- 313 2. Department of Health.
- 314 3. Department of Children and Family Services.
- 315 4. Department of Veterans' Affairs.
- 316 5. Department of Community Affairs.
- 317 6. Agency for Health Care Administration.
- 318 7. Agency for Persons with Disabilities.

319 (3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND  
320 FACILITIES.---

321 (a) The Department of Health shall upon request reimburse,  
322 ~~subject to the availability of funds for this purpose,~~ health  
323 care practitioners, as defined in s. 456.001, provided the  
324 practitioner is not providing care to a patient under an  
325 existing contract, and emergency medical technicians and  
326 paramedics licensed under ~~pursuant to~~ chapter 401, for medical  
327 care provided at the request of the department in special needs  
328 shelters or at other locations during times of emergency or a  
329 declared ~~major~~ disaster. Reimbursement for health care  
330 practitioners, except for physicians licensed under ~~pursuant to~~  
331 chapter 458 or chapter 459, shall be based on the average hourly  
332 rate that such practitioners were paid according to the most  
333 recent survey of Florida hospitals conducted by the Florida  
334 Hospital Association or other nationally or state recognized  
335 data source. Reimbursement shall be requested on forms prepared  
336 by the Department of Health and shall be paid as specified in

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paragraph (d).

(b) Hospitals, nursing homes, assisted living facilities, and hospices that are used to shelter special needs persons during or after an evacuation may submit invoices for reimbursement to the department. The department shall develop a form for reimbursement and shall specify by rule which expenses are reimbursable and the rate of reimbursement for each service. Reimbursement for the services described in this paragraph shall be paid as specified in paragraph (d).

(c) If, upon closure of a special needs shelter, a multiagency special needs shelter discharge planning team determines that it is necessary to discharge special needs shelter persons to other health care facilities, such as nursing homes, assisted living facilities, and community residential group homes, the receiving facilities shall be eligible for reimbursement for services provided to the individuals for up to 90 days. Any facility eligible for reimbursement under this paragraph shall submit invoices for reimbursement on forms developed by the department. A facility must show proof of a written request from a representative of an agency serving on the multiagency special needs shelter discharge planning team that the individual for whom the facility is seeking reimbursement for services rendered was referred to that facility from a special needs shelter. Reimbursement for the services described in this paragraph shall be paid as specified in paragraph (d).

(d) If a Presidential Disaster Declaration has been issued  
~~made~~, and the Federal Government makes funds available, the

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365 department shall use those ~~such~~ funds for reimbursement of  
366 eligible expenditures. In other situations, or if federal funds  
367 do not fully compensate the department for reimbursements  
368 permissible under ~~reimbursement made pursuant to~~ this section,  
369 the department shall process a budget amendment to obtain  
370 reimbursement from unobligated, unappropriated moneys in the  
371 General Revenue Fund. The department shall not provide  
372 reimbursement to facilities under this subsection for services  
373 provided to a special needs person if, during the period of time  
374 in which the services were provided, the individual was enrolled  
375 in another state-funded program such as Medicaid or another  
376 similar program; or entities providing health insurance as  
377 defined in s. 624.603 or health maintenance organizations or  
378 prepaid health clinics as defined in chapter 641, which would  
379 otherwise pay for the same services. Travel expense and per diem  
380 costs shall be reimbursed pursuant to s. 112.061.

381 (4) HEALTH CARE PRACTITIONER REGISTRY.--The department may  
382 use the registries established in ss. 401.273 and 456.38 when  
383 health care practitioners are needed to staff special needs  
384 shelters or to assist with other disaster related activities.

385 (5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.--The  
386 Secretary ~~Department~~ of Health may establish a special needs  
387 shelter interagency committee and serve as or appoint a designee  
388 to serve as the committee's chair. The department shall provide  
389 any necessary staff and resources to support the committee in  
390 the performance of its duties, ~~to be chaired and staffed by the~~  
391 ~~department.~~ The committee shall address and resolve problems  
392 related to special needs shelters not addressed in the state

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393 comprehensive emergency medical plan and shall consult on ~~serve~~  
394 ~~as an oversight committee to monitor~~ the planning and operation  
395 of special needs shelters.

396 (a) The committee shall ~~may~~:

397 1. Develop, negotiate and regularly review any necessary  
398 interagency agreements.

399 2. Undertake other such activities as the department deems  
400 necessary to facilitate the implementation of this section.

401 3. Submit recommendations to the Legislature as necessary.

402 (b) The special needs shelter interagency committee shall  
403 be composed of representatives of emergency management, health,  
404 medical, and social services organizations. Membership shall  
405 include, but shall not be limited to, representatives of the  
406 Departments of Health, Community Affairs, Children and Family  
407 Services, Elderly Affairs, ~~Labor and Employment Security~~, and  
408 Education; the Agency for Health Care Administration; the  
409 Florida Medical Association; the Florida Osteopathic Medical  
410 Association; Associated Home Health Industries of Florida, Inc.;  
411 the Florida Nurses Association; the Florida Health Care  
412 Association; the Florida Assisted Living Affiliation  
413 ~~Association~~; the Florida Hospital Association; the Florida  
414 Statutory Teaching Hospital Council; the Florida Association of  
415 Homes for the Aging; the Florida Emergency Preparedness  
416 Association; the American Red Cross; Florida Hospices and  
417 Palliative Care, Inc.; Florida Association of Health Plans,  
418 Florida Hospital Association, Private Care Association; ~~and~~ the  
419 Salvation Army; the Florida Association of Aging Services  
420 Providers; the American Association of Retired Persons (AARP)

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421 and the Florida Renal Coalition.

422 (c) Meetings of the committee shall be held in  
423 Tallahassee, and members of the committee shall serve at the  
424 expense of the agencies or organizations they represent. The  
425 committee shall make every effort to use teleconference or video  
426 conference capabilities in order to ensure statewide input and  
427 participation.

428 (6) RULES.--The department has the authority to adopt  
429 rules necessary to implement this section. Rules shall ~~may~~  
430 include:

431 (a) The definition of a special needs person ~~patient~~,  
432 including eligibility criteria for individuals with physical,  
433 mental, cognitive impairment or sensory disabilities and the  
434 services a special needs person can expect to receive.

435 (b) The process for special needs shelter health care  
436 practitioner and facility reimbursement for services provided in  
437 a disaster event.

438 (c) Guidelines for special needs shelter staffing levels to  
439 provide services.

440 (d) The definition of and standards for special needs  
441 shelter supplies and equipment.

442 (e) Compliance with applicable service animal laws.

443 (f) Standards for the special needs shelter registration  
444 process including guidelines for addressing the needs of  
445 unregistered persons in need of a special needs shelter.

446 (g) Standards for addressing the needs of families that  
447 are eligible for special needs shelter services, including the  
448 needs of families with multiple dependents where only one



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449 dependent is eligible for the special needs shelter, and the  
450 needs of adults with special needs who are caregivers for  
451 individuals without special needs.

452 (h) The requirement of the county health departments seek  
453 the participation of hospitals, nursing homes, assisted living  
454 facilities, home health agencies, hospice providers, nurse  
455 registries and home medical equipment providers and other health  
456 and medical emergency preparedness stakeholders in pre-event  
457 planning activities.

458 (7) ~~REVIEW OF~~ EMERGENCY MANAGEMENT PLANS; CONTINUITY OF  
459 CARE.--Each emergency management plan submitted to a county  
460 health department by a home health agency pursuant to s.  
461 400.492, by a nurse registry pursuant to s. 400.506, a hospice  
462 pursuant to s. 400.610 or a home medical equipment provider  
463 pursuant to s. 400.925, shall include how the home health  
464 agency, nurse registry, hospice or home medical equipment  
465 provider will continue to provide staff or equipment to perform  
466 the same type and quantity of services to their patients who  
467 evacuate to special needs shelters as was provided to those  
468 patients prior to evacuation. The submission of emergency  
469 management plans to county health departments by home health  
470 agencies pursuant to s. 400.497(8)(c) and (d) and by nurse  
471 registries pursuant to s. 400.506(16)(e) and by hospice programs  
472 pursuant to s. 400.610(1)(b) and by home medical equipment  
473 providers pursuant to s. 400.934(20)(a) is conditional upon the  
474 receipt of an appropriation by the department to establish  
475 ~~medical services~~ disaster coordinator positions in county health  
476 departments unless the secretary of the department and a local

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477 county commission jointly determine to require such plans to be  
478 submitted based on a determination that there is a special need  
479 to protect public health in the local area during an emergency.

480 Section 3. Subsections (2) and (4) of section 252.385,  
481 Florida Statutes, are amended to read:

482 252.385 Public shelter space.--

483 (2)(a) The division shall administer a program to survey  
484 existing schools, universities, community colleges, and other  
485 state-owned, municipally owned, and county-owned public  
486 buildings and any private facility that the owner, in writing,  
487 agrees to provide for use as a public hurricane evacuation  
488 shelter to identify those that are appropriately designed and  
489 located to serve as such shelters. The owners of the facilities  
490 must be given the opportunity to participate in the surveys. The  
491 Board of Regents, district school boards, community college  
492 boards of trustees, and the Department of Education are  
493 responsible for coordinating and implementing the survey of  
494 public schools, universities, and community colleges with the  
495 division or the local emergency management agency.

496 (b) By January 31 of each even-numbered year, the Division  
497 of Emergency Management of the Department of Community Affairs  
498 shall prepare and submit a statewide emergency shelter plan to  
499 the Governor and the Cabinet for approval, subject to the  
500 requirements for approval provided in s. 1013.37(2). The plan  
501 must also identify the general location and square footage of  
502 special needs shelters, by regional planning council region,  
503 during the next 5 years. The Department of Health shall assist  
504 the division in determining the estimated need for special needs

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505 shelter space and the adequacy of the facility to meet the needs  
506 of special needs persons, based on information from the special  
507 needs registration and other information.

508 (4)(a) Public facilities, including schools, postsecondary  
509 education facilities, and other facilities owned or leased by  
510 the state or local governments, but excluding hospitals, hospice  
511 care facilities, assisted living facilities, or nursing homes,  
512 which are suitable for use as public hurricane evacuation  
513 shelters shall be made available at the request of the local  
514 emergency management agencies. The local emergency management  
515 agency shall inspect a designated facility to determine its  
516 readiness prior to activating such facility for a specific  
517 hurricane or disaster. Such agencies shall coordinate with the  
518 appropriate school board, university, community college, or  
519 local governing board when requesting the use of such facilities  
520 as public hurricane evacuation shelters.

521 (b) The Department of Management Services shall  
522 incorporate provisions for the use of suitable leased public  
523 facilities as public hurricane evacuation shelters into lease  
524 agreements for state agencies. Suitable leased public facilities  
525 include leased public facilities that are solely occupied by  
526 state agencies and have at least 2,000 square feet of net floor  
527 area in a single room or in a combination of rooms having a  
528 minimum of 400 square feet in each room. The net square footage  
529 of floor area must be determined by subtracting from the gross  
530 square footage the square footage of spaces such as mechanical  
531 and electrical rooms, storage rooms, open corridors, restrooms,  
532 kitchens, science or computer laboratories, shop or mechanical

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533 areas, administrative offices, records vaults, and crawl spaces.

534 (c) The Department of Management Services shall, in  
535 consultation with local and state emergency management agencies,  
536 assess Department of Management Services facilities to identify  
537 the extent to which each facility has public hurricane  
538 evacuation shelter space. The Department of Management Services  
539 shall submit proposed facility retrofit projects that  
540 incorporate hurricane protection enhancements to the department  
541 for assessment and inclusion in the annual report prepared in  
542 accordance with subsection (3).

543 Section 5. Section 400.492, Florida Statutes, is amended  
544 to read:

545 400.492 Provision of services during an emergency.--Each  
546 home health agency shall prepare and maintain a comprehensive  
547 emergency management plan that is consistent with the standards  
548 adopted by national or state accreditation organizations and  
549 consistent with the local special needs plan. The plan shall be  
550 updated annually and shall provide for continuing home health,  
551 services during an emergency that interrupts patient care or  
552 services in the patient's home. The plan shall include how the  
553 home health agency will continue to provide staff to perform the  
554 same type and quantity of services to their patients who  
555 evacuate to special needs shelters as staff were providing to  
556 those patients prior to evacuation. The plan shall describe how  
557 the home health agency establishes and maintains an effective  
558 response to emergencies and disasters, including: notifying  
559 staff when emergency response measures are initiated; providing  
560 for communication between staff members, county health

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561 departments, and local emergency management agencies, including  
562 a backup system; identifying resources necessary to continue  
563 essential care or services or referrals to other organizations  
564 subject to written agreement; and prioritizing and contacting  
565 patients who need continued care or services.

566 (1) Each patient record for patients who are listed in the  
567 registry established pursuant to s. 252.355 shall include a  
568 description of how care or services will be continued in the  
569 event of an emergency or disaster. The home health agency shall  
570 discuss the emergency provisions with the patient and the  
571 patient's caregivers, including where and how the patient is to  
572 evacuate, procedures for notifying the home health agency in the  
573 event that the patient evacuates to a location other than the  
574 shelter identified in the patient record, and a list of  
575 medications and equipment which must either accompany the  
576 patient or will be needed by the patient in the event of an  
577 evacuation.

578 (2) Each home health agency shall maintain a current  
579 prioritized list of patients who need continued services during  
580 an emergency. The list shall indicate how services shall be  
581 continued in the event of an emergency or disaster for each  
582 patient and if the patient is to be transported to a special  
583 needs shelter, and shall indicate if the patient is receiving  
584 skilled nursing services and the patient's medication and  
585 equipment needs. The list shall be furnished to county health  
586 departments and to local emergency management agencies, upon  
587 request.

588 (3) Home health agencies shall not be required to continue

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589 to provide care to patients in emergency situations that are  
590 beyond their control and that make it impossible to provide  
591 services, such as when roads are impassable or when patients do  
592 not go to the location specified in their patient records. Home  
593 health agencies may establish links to local emergency  
594 operations centers to determine a mechanism to approach areas  
595 within the disaster area in order for the agency to reach its  
596 clients. The presentation of home care clients to a special  
597 needs shelter without the home health agency making a good faith  
598 effort to provide services in the shelter setting will  
599 constitute abandonment of the client and shall constitute a  
600 Class II deficiency, subject to sanctions provided in section  
601 400.484 (2) (b) Florida Statutes.

602 (4) Notwithstanding the provisions of s. 400.464(2) or any  
603 other provision of law to the contrary, a home health agency may  
604 provide services in a special needs shelter located in any  
605 county.

606 Section 6. Subsection (8) of section 400.497, Florida  
607 Statutes, is amended to read:

608 400.497 Rules establishing minimum standards.--The agency  
609 shall adopt, publish, and enforce rules to implement this part,  
610 including, as applicable, ss. 400.506 and 400.509, which must  
611 provide reasonable and fair minimum standards relating to:

612 (8) Preparation of a comprehensive emergency management  
613 plan pursuant to s. 400.492.

614 (c) The plan is subject to review and approval by the  
615 county health department. During its review, the county health  
616 department shall contact state and local health and medical

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617 stakeholders during its review when necessary. ~~ensure that the~~  
618 ~~following agencies, at a minimum, are given the opportunity to~~  
619 ~~review the plan.~~

- 620 1. ~~The local emergency management agency.~~
- 621 2. ~~The Agency for Health Care Administration.~~
- 622 3. ~~The local chapter of the American Red Cross or other~~  
623 ~~lead sheltering agency.~~
- 624 4. ~~The district office of the Department of Children and~~  
625 ~~Family Services.~~

626 The county health department shall complete its review to  
627 ensure that the plan is in accordance with the criteria set in  
628 the Agency for Health Care Administration rule within 90 days  
629 after receipt of the plan and shall either approve the plan or  
630 advise the home health agency of necessary revisions.

631 If the home health agency fails to submit a plan or fails  
632 to submit the requested information or revisions to the county  
633 health department within 30 days after written notification from  
634 the county health department, the county health department shall  
635 notify the Agency for Health Care Administration. The agency  
636 shall notify the home health agency that such failure  
637 constitutes a deficiency, subject to a fine of \$5,000 per  
638 occurrence. If the plan is not submitted, information is not  
639 provided or revisions are not made as requested, the agency may  
640 impose the fine.

641 (d) For any home health agency that operates in more than  
642 one county, the Department of Health shall review the plan,  
643 after consulting with state and local health and medical  
644 stakeholders, when necessary ~~all of the county health~~

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645 ~~departments, the agency, and all the local chapters of the~~  
646 ~~American Red Cross or other lead sheltering agencies in the~~  
647 ~~areas of operation for that particular home health agency.~~ The  
648 Department of Health shall complete its review within 90 days  
649 after receipt of the plan and shall either approve the plan or  
650 advise the home health agency of necessary revisions. The  
651 Department of Health shall make every effort to avoid imposing  
652 differing requirements based on differences between counties on  
653 the home health agency.

654 Section 7. Paragraph (a) of subsection (16) of section  
655 400.506, Florida Statutes, is amended to read:

656 400.506 Licensure of nurse registries; requirements;  
657 penalties.--

658 (16) Each nurse registry shall prepare and maintain a  
659 comprehensive emergency management plan that is consistent with  
660 the criteria in this subsection and with the local special needs  
661 plan. The plan shall be updated annually. The plan shall include  
662 how the nurse registry will continue to provide staff to perform  
663 the same type and quantity of services to their patients who  
664 evacuate to special needs shelters as staff were providing to  
665 those patients prior to evacuation. The plan shall specify how  
666 the nurse registry shall facilitate the provision of continuous  
667 care by persons referred for contract to persons who are  
668 registered pursuant to s. 252.355 during an emergency that  
669 interrupts the provision of care or services in private  
670 residencies. Nurse registries may establish links to local  
671 emergency operations centers to determine a mechanism to  
672 approach areas within the disaster area in order for the



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673 provider to reach its clients. The presentation of nurse  
674 registry clients to a special needs shelter without the nurse  
675 registry provider making a good faith effort to provide services  
676 in the shelter setting will constitute a Class II deficiency  
677 subject to sanctions provided in s. 400.484 (2) (b), F.S..

678 (e) The comprehensive emergency management plan required  
679 by this subsection is subject to review and approval by the  
680 county health department. During its review, the county health  
681 department shall contact state and local health and medical  
682 stakeholders during its review, when necessary ~~ensure that, at a~~  
683 ~~minimum, the local emergency management agency, the Agency for~~  
684 ~~Health Care Administration, and the local chapter of the~~  
685 ~~American Red Cross or other lead sheltering agency are given the~~  
686 ~~opportunity to review the plan.~~ The county health department  
687 shall complete its review to ensure that the plan is in  
688 accordance with the criteria set in the Agency for Health Care  
689 Administration rule within 90 days after receipt of the plan and  
690 shall either approve the plan or advise the nurse registry of  
691 necessary revisions.

692 If a nurse registry fails to submit a plan or fails to  
693 submit requested information or revisions to the county health  
694 department with 30 days after written notification from the  
695 county health department, the county health department shall  
696 notify the Agency for Health Care Administration. The agency  
697 shall notify the nurse registry that such failure constitutes a  
698 deficiency, subject to a fine of \$5,000 per occurrence. If the  
699 plan is not submitted, information is not provided, or revisions  
700 are not made as requested, the agency may impose the fine.

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(f) For any nurse registry that operates in more than one county, the Department of Health shall review the plan. The Department of Health shall make every effort to avoid imposing differing requirements based on differences between counties on the nurse registry.

Section 8. Paragraphs (a) and (b) of subsection (1) of section 400.610, Florida Statutes, are amended to read:

400.610 Administration and management of a hospice.--

(1) A hospice shall have a clearly defined organized governing body, consisting of a minimum of seven persons who are representative of the general population of the community served. The governing body shall have autonomous authority and responsibility for the operation of the hospice and shall meet at least quarterly. The governing body shall:

(b)1. Prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency that is consistent with local special needs plans. The plan shall include provisions for ensuring continuing care to hospice patients who go to special needs shelters. The plan shall include how the hospice provider will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters as staff were providing to those patients prior to evacuation. The plan is subject to review and approval by the county health department, except as provided in subparagraph 2. During its review, the county health department shall contact state and local health and medical stakeholders, when necessary ~~ensure that the department, the agency, and the local chapter of~~

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729 ~~the American Red Cross or other lead sheltering agency have an~~  
730 ~~opportunity to review and comment on the plan.~~ The county health  
731 department shall complete its review to ensure that the plan is  
732 in accordance with the criteria set in the Department of Elderly  
733 Affairs rule within 90 days after receipt of the plan and shall  
734 either approve the plan or advise the hospice of necessary  
735 revisions. Hospice providers may establish links to local  
736 emergency operations centers to determine a mechanism to  
737 approach areas within the disaster area in order for the  
738 provider to reach its clients. The presentation of hospice  
739 clients to a special needs shelter without the hospice provider  
740 making a good faith effort to provide services in the shelter  
741 setting will constitute abandonment of the client.

742       2. For any hospice that operates in more than one county,  
743 the Department of Health during its ~~shall~~ review shall contact  
744 state and local health and medical stakeholders, when necessary  
745 ~~the plan, after consulting with all of the county health~~  
746 ~~departments, the agency, and all the local chapters of the~~  
747 ~~American Red Cross or other lead sheltering agency in the areas~~  
748 ~~of operation for that particular hospice.~~ The Department of  
749 Health shall complete its review to ensure that the plan is in  
750 accordance with the criteria set in the Department of Elderly  
751 Affairs rule within 90 days after receipt of the plan and shall  
752 either approve the plan or advise the hospice of necessary  
753 revisions. The Department of Health shall make every effort to  
754 avoid imposing on the hospice differing requirements based on  
755 differences between counties.

756       Section 9. Subsection (13), subsection (15), and

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subsection (16) of section 400.925, Florida Statutes, are amended to read:

400.925 Definitions.--As used in this part, the term:

(13) Life-supporting or life-sustaining equipment means a device that is essential to or that yields information that is essential to, the restoration or continuation of a bodily function important to the continuation of human life. Life-supporting or life-sustaining equipment includes apnea monitors, enteral feeding pumps, infusion pumps, portable home dialysis equipment, and ventilator equipment and supplies for all related equipment, including oxygen equipment and related respiratory equipment.

Section 10. Section 400.934, Florida Statutes, is amended to read:

400.934 Minimum standards.--As a requirement of licensure, home medical equipment providers shall:

(20) Prepare and maintain a comprehensive emergency management plan that meets minimum criteria established by the agency in rule pursuant to 400.935, F.S. The plan shall be updated annually and shall provide for continuing home medical equipment services for life-supporting or life-sustaining equipment, as defined in 400.925, F.S., during an emergency that interrupts home medical equipment services in the patient's home. The plan shall include how the home medical equipment provider will continue to provide equipment to perform the same type and quantity of services to their patients who evacuate to special needs shelters as staff were providing to those patients prior to evacuation. The plan shall describe how the home

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785 medical provider establishes and maintains an effective response  
786 to emergencies and disasters, including: notifying staff when  
787 emergency response measures are initiated; providing for  
788 communication between staff members, county health departments,  
789 and local emergency management agencies, including a backup  
790 system; identifying resources necessary to continue essential  
791 care or services or referrals to other organizations subject to  
792 written agreement; and prioritizing and contacting consumers who  
793 need continued medical equipment services and supplies.

794 (a) The plan is subject to review and approval by the  
795 county health department. During its review, the county health  
796 department shall contact state and local health and medical  
797 stakeholders, when necessary. The county health department shall  
798 complete its review to ensure that the plan is in accordance  
799 with the criteria set in the Agency for Health Care  
800 Administration rule within 90 days after receipt of the plan.

801 If a home medical equipment provider fails to submit a plan  
802 or fails to submit requested information or revisions to the  
803 county health department within 30 days after written  
804 notification from the county health department, the county  
805 health department shall notify the Agency for Health Care  
806 Administration. The agency shall notify the home medical  
807 equipment provider that such failure constitutes a deficiency,  
808 subject to a fine of \$5,000 per occurrence. If the plan is not  
809 submitted, information is not provided, or revisions are not  
810 made as requested, the agency may impose the fine.

811 (b) For any home medical equipment provider that operates  
812 in more than one county, the Department of Health shall review

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813 the plan. The Department of Health shall make every effort to  
814 avoid imposing differing requirements based on differences  
815 between counties on the home medical equipment provider.

816 (1) Each home medical equipment provider shall maintain a  
817 current prioritized list of patients who needs continued  
818 services during an emergency. The list shall indicate how  
819 services shall be continued in the event of an emergency or  
820 disaster for each consumer and if the consumer is to be  
821 transported to a special needs shelter, and shall indicate if  
822 the consumer has life-supporting or life-sustaining equipment,  
823 including the specific type of equipment and related supplies.  
824 The list shall be furnished to county health departments and to  
825 local emergency management agencies, upon request.

826 (2) Home medical equipment providers may establish links  
827 to local emergency operations centers to determine a mechanism  
828 to approach areas within the disaster in order for the provider  
829 to reach its patients.

830 Section 11. Section 400.935, Florida Statutes, is amended  
831 to read:

832 400.935 Rules establishing minimum standards.--The agency  
833 shall adopt, publish, and enforce rules to implement this part,  
834 which must provide reasonable and fair minimum standards  
835 relating to:

836 (10) Home medical equipment requiring home medical  
837 equipment services.

838 (11) Preparation of a comprehensive emergency management  
839 plan pursuant to s. 400.934.

840 (a) The Agency for Health Care Administration shall adopt

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841 rules establishing minimum criteria for the plan, including  
842 maintaining patient equipment and supply lists that can  
843 accompany patients who are transported from their homes, in  
844 consultation with the Department of Health and the Department of  
845 Community Affairs.

846 Section 12. Section 408.831, Florida Statutes, is amended  
847 to read:

848 408.831 Denial, suspension, or revocation of a license,  
849 registration, certificate, or application.--

850 (1) In addition to any other remedies provided by law, the  
851 agency may deny each application or suspend or revoke each  
852 license, registration, or certificate of entities regulated or  
853 licensed by it:

854 (a) If the applicant, licensee, registrant, or certificate  
855 holder, or, in the case of a corporation, partnership, or other  
856 business entity, if any officer, director, agent, or managing  
857 employee of that business entity or any affiliated person,  
858 partner, or shareholder having an ownership interest equal to 5  
859 percent or greater in that business entity, has failed to pay  
860 all outstanding fines, liens, or overpayments assessed by final  
861 order of the agency or final order of the Centers for Medicare  
862 and Medicaid Services, not subject to further appeal, unless a  
863 repayment plan is approved by the agency; or

864 (b) For failure to comply with any repayment plan.

865 (2) In reviewing any application requesting a change of  
866 ownership or change of the licensee, registrant, or  
867 certificateholder, the transferor shall, prior to agency  
868 approval of the change, repay or make arrangements to repay any

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amounts owed to the agency. Should the transferor fail to repay or make arrangements to repay the amounts owed to the agency, the issuance of a license, registration, or certificate to the transferee shall be delayed until repayment or until arrangements for repayment are made.

(3) Entities subject to this section may exceed their licensed capacity to act as a receiving facility in accordance with an emergency operations plan for clients of evacuating providers from a geographic area where an evacuation order has been issued by a local authority having jurisdiction. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity beyond 15 days, which approvals shall be based upon satisfactory justification and need as provided by the receiving and sending facility.

(4) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area where a state of emergency was declared by the Governor of Florida if the provider:

(a) Suffered damage to the provider's operation during that state of emergency.

(b) Is currently licensed.

(c) Does not have a provisional license.

(d) Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.

An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional



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months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the licensee expiration date and all licensure fees must be current, paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.

~~(5)(3)~~ This section provides standards of enforcement applicable to all entities licensed or regulated by the Agency for Health Care Administration. This section controls over any conflicting provisions of chapters 39, 381, 383, 390, 391, 393, 394, 395, 400, 408, 468, 483, and 641 or rules adopted pursuant to those chapters.

Section 14. Section 252.357, Florida Statutes, is created to read:

252.357 Monitoring of nursing homes during disaster.--The Florida Comprehensive Emergency Management Plan shall permit the

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925 Agency for Health Care Administration, working from the agency's  
926 offices or in the Emergency Operations Center, ESF-8, to make  
927 initial contact with each nursing home in the disaster area. The  
928 agency, by July 15, 2006, and annually thereafter, shall publish  
929 on the Internet an emergency telephone number that can be used  
930 by nursing homes to contact the agency on a schedule established  
931 by the agency to report requests for assistance. The agency may  
932 also provide the telephone number to each facility when it makes  
933 the initial facility call.

934       Section 15. This act shall take effect July 1, 2006.